62A384-O (1-10) Commonwealth of Kentucky DEPARTMENT OF REVENUE

OIL PROPERTY TAX RETURN LEASE REPORT

File by April 15 with: Department of Revenue Office of Property Valuation 501 High Street, Station 33

Kentucky				For Assessment of Januar	y 1,		501 High Street, Station 33 Frankfort, Kentucky 40620		
Name							02) 564-8334		
Number and Street				Social Security Nu	mber Property located in _		County, Kentucky		
City	State	ZIP Code	Telephone Numbe	r Federal Identification	Number				
property. This return is pro- Commonwealth of Kentuck each well on the property, f	vided for the sy must con ile a separa	e purpose of report applete and file this to te tax return for eac	ing developed oil prope ax return with the Offic h individual well. Each	erty. Each year all persons, corporation e of Property Valuation by April 15. Find lease must be listed separately by the	which he or she owns. This includes sub-surfaces, businesses and partnerships owning, leasing leas a separate return for each developed proper the purchaser's lease number and name. Do not for the No, Complete Division of Ownership requires	g or having knowledge of developed ty per county. If the division of owne not report leases under a grouped u	oil properties in the rship is different for		
Purchaser's/Transporter's Name (if different from filer)				Operator's Name (if different from t	îiler)	Number of Pr	Number of Producing Wells		
Purchaser's Lease Number				Barrels of Oil Produced (Jan. 1–Dec	2. 31)	Year of First Production (not reporting year)	Waterflood Allowance Credit(✓)		
Purchaser's Lease Name				Total \$ Value of Production for Leas (Less Severance Tax)	e				
				DECLARATION	N				
declare, under the penalties of p	perjury, that	this return (includi	ng any accompanying s	schedules and statements) has been ex	amined by me and to the best of my knowledg	e and belief is a true, correct and com	plete return.		
Name of Company S				Signature of Preparer	Signature of Producer/Operator	nature of Producer/Operator			

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OIL PROPERTY DIVISION OF INTEREST—OWNERSHIP SCHEDULE



Lease Number	Lease	e Name					Page
Owner Name	Social Security No. or FEIN	Owner Address	City	State	ZIP Code	Decimal % (0.875) Ownership of Lease	Ownership Type (W, O, R)

INSTRUCTIONS: The producer/operator or agent thereof is **required** to report (1) the names, SSN/FEIN, and addresses of the working, royalty, and overriding interest owners associated with the property as of January 1; of the tax year, (2) the **decimal** percentage of ownership for each owner; (3) the type of ownership designated by the letter "W," "R," or "O"; and, if applicable, (4) the annual net income (including delayed payments) per royalty and fee owner. **NOTE:** If the producer/operator owns all interest (working and royalty) in the property, enter "1.00" under the heading Decimal % Ownership and an "A" under Ownership Type. The assessment will be based on the industry standard of .875 working and .125 royalty. *Tax bills will be prepared according to this ownership schedule. Complete the schedule to reflect the desired billing.*